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FACSIMILE SUBMISSION UNDER 37 CFR 1.8

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TO:	FROM:
Group Art Unit 3736	Steven J. Shumaker
COMPANY:	DATE:
U.S. Patent & Trademark Office	MARCH 8, 2004
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
703-872-9306	11
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	1023-287US01
RE:	YOUR REFERENCE NUMBER:
Preliminary Amendment	10/693,008

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PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alex C. Toy; Steve J. Nelson; Confirmation No. 9358  
 John W. Forsberg; Mark E.  
 Schommer; David P. Olson;  
 William C. Phillips; Charles R.  
 Lewis, Jr.

Serial No.: 10/693,008

Filed: October 24, 2003 Customer No.: 28863

Examiner: Unknown

Group Art Unit: 3736 Docket No.: 1023-287US01

Title: MEDICAL DEVICE PROGRAMMER WITH SELECTIVE  
 DISABLEMENT OF DISPLAY DURING TELEMETRY

CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on March 8, 2004.

By: Shirley A. Betlach

Name: Shirley A. Betlach

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

☒ Transmittal sheet containing Certificate of Mailing

**CLAIMS AFTER AMENDMENT**

Number of Claims After Amendment	Previously paid	Number Extra		Rate		Fee
Total Claims:						
32	21	11	x	\$18.00	=	\$198.00
Independent Claims						
5	3	2	x	\$86.00	=	\$172.00
<b>TOTAL</b>						<b>\$370.00</b>

☒ Amendment (8 pgs.)

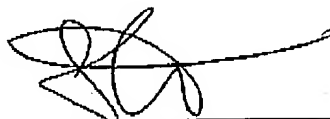
Please charge Deposit Account No. 50-1778 the amount of \$370.00 to cover the required fee for additional claims for a large entity.

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Date:

3-8-04

By:



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